

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

(PLEASE CHECK ONE)

Candidate Name	Don Armstrong		
Residence Address	1014 Congress Ave .		
City and Zip Code	Lehigh Acres, FL 33972		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-462-8157	OR	
Email Address	DS3293 @ AOL.COM.		
Office Sought	School Board		
Area, District, Group Or Seat Number	District 4		
Political Party (if applicable for office sought)	Non-Partisan		
Date Of Birth Or Voter ID #	11-20-1970		
Date	03-04-2010		
Candidate Signature	X Don H Armstrong		

All information on this form becomes a
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

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STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Don Henry Armstrong

3. Address (include post office box or street, city, state, zip code)

1014 Congress Ave.
Lehigh Acres, FL 33972

4. Telephone (optional)

(239) 462-8157

5. E-mail address (optional)

DS3293@aol.com

6. Office sought (include district, circuit, group number)

School Board Member
District 4

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Stephanie Armstrong

11. Mailing Address (If post office box or drawer, also include street address)

1014 Congress Ave.

12. Telephone

(239) 225-3469

13. City

Lehigh Acres

14. County

Lee

15. State

FL

16. Zip Code

33972

17. E-mail address (optional)

ASTEPHANNS@aol.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Wachovia

20. Street Address

1130 Homestead Rd

21. City

Lehigh Acres

22. County

Lee

23. State

FL

24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

03-04-2010

26. Signature of Candidate

X Don H Armstrong

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Stephanie Armstrong, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

03-04-2010

Date

X

Stephanie Armstrong
Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

10MAY04 11:03 AM LEE Co FL
OFFICE USE ONLY

2

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Don Henry Armstrong

3. Address (include post office box or street, city, state, zip code)

1014 Congress Ave.
Lehigh Acres, FL 33972

4. Telephone (optional)

(239) 462-8157

5. E-mail address (optional)

DS3293@AOL.com

6. Office sought (include district, circuit, group number)

School Board member
District 4

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10. Name of Treasurer or Deputy Treasurer

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25. Date

03-04-2010

26. Signature of Candidate

X Don H Armstrong

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Don Henry Armstrong, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

03-04-2010
Date

X Don Armstrong
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Don Henry Armstrong,
candidate for the office of School Board Member, District 4 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

x 
Signature of Candidate

03-04-2010
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).